21		PTO/SB/05 (18-01) Approved for use through 10/31/2002. OMB 0651						
_	Please type a plus sign (+) in		U.S. Pa	U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE				
ß	Under the Paperwork Reduction	Act of 1995, no persons are required to	respond to a colle	ction of information u	inless it displays a	valid OMB control number		
þ	U	TILITY	Attorn	ey Docket No.		<u>5</u>		
F	PATENT	APPLICATION		ventor		A. Goldstein		
	TRAN	NSMITTAL	Title	Method fo	r alerti	ng a User		
				Title Locator Entity of Lost Persons Express Mail Label No. EU014511551US				
_		al applications under 37 CFR 1.53(l				missioner for Patents		
		FION ELEMENTS	1	DRESS TO:	Box Patent Ap Washington,			
H		eming utility patent application conto orm (e.g., PTO/SB/17)	7.	CD-POM or C	CD-R in duplicate			
ı	1. (Submit an original and a di			Computer Pro	ogram (Appendix) i		
١	2. Applicant claims sn See 37 CFR 1.27.	Applicant claims small entity status.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
ı	Specification	[Total Pages 12]	() a		Readable Form ((CRF)		
	3. (preferred arrangement: - Descriptive title of		b.	Specification Sec	quence Listing or	n:		
ı	- Cross Reference	e to Related Applications		·	ROM or CD-R (2	1		
		ording Fed sponsored R & D quence listing, a table,		ii. paper				
	or a computer pr	rogram listing appendix	c			of above copies		
	 Background of t Brief Summary 	of the Invention		c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS				
	- Brief Description - Detailed Descrip	n of the Drawings (if filed)	<u> </u>					
	- Detailed Descrip)(iOti	9.	9. Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of				
Ţ	- Abstract of the I	Disclosure	10.	10. (when there is an assignee) Attorney				
, (4. Drawing(s) (35 U.	S.C. 113) Total Sheets 2] 1 11.	English Tra	nslation Docume			
1	5. Oath or Declaration	[Total Pages 2	1 12.	Information Statement	Disclosure (IDS)/PTO-1449	Copies of IDS Citations		
=			13.		Amendment			
ie i	a. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
á				(Snould be				
				15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
4								
=								
4		Sheet. See 37 CFR 1.76	17.	<u> </u>				
	18. If a CONTINUING APPLIC or in an Application Data She	CATION, check appropriate box, are	nd supply the re	quisite information	pelow and in a	oreilminary amendment,		
ı	Continuation	Divisional Continuation-in-par	rt (CIP)	of prior application No	o			
	Prior application information	Examiner	_	Group Art Unit				
١	Box 5b. is considered a part of	For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b. is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference						
ŀ	The incorporation can only be	relied upon when a portion has been			nitted application	parts.		
ŀ		19. CORRESPONDENCE ADDRESS						
	Customer Number or Bar Code Label Unsert Customer No. ac Attach transcode label bare) or Correspondence address below							
١	Name	Name Matthew A. Goldstein						
ſ	:	c/o William H. Conley						
1	Address							
-	City	City Marana				Code 85653		
	Country	United States	Telephone	520-682	-4364 F	ax 520-616-0069		
	Name (Print/Type)	Name (Print/Type) Matthew A Goldstein Registration No. (Attorney/Agent)						
	Cianatura	11/1/1/A			Data	12/24/01		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEDD FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application,

Washington, DC 20231.

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FE	ET	RA	NS	MI.	TT	AL
	fc	or F	Y 2	200	2	

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 370.00

Complete if Known						
Application Number						
Filing Date						
First Named Inventor	Matthew A. Goldstein					
Examiner Name						
Group Art Unit						
Attorney Docket No.						

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
Check Credit card Money Other None			3. ADDITIONAL FEES					
Order	Order Order Note			Large Entity Small Entity				
Deposit Account:	Deposit Account:		Fee	Fee Cod	Fee e (\$)	Fee Description	Fee Paid	
Account Number		Code 105	130	205	e (#) 65	Surcharge - late filing fee or oath		
Deposit Account		127	50	227	25	Surcharge - late provisional filing fee or		
Name		121	00			cover sheet		
The Commissioner is authorized to: (check all that apply)			130	139	130	Non-English specification		
Charge any additional fee(s) during the pendency of this	Charge fee(s) indicated below Credit any overpayments			147	2,520	For filing a request for ex parte reexamination		
Charge fee(s) indicated below, except for the filing fee			920*	112	920*	Requesting publication of SIR prior to Examiner action		
to the above identified deposit account.		113	1,840*	113	1,840*	Requesting publication of SIR after		
FEE CALCULATION						Examiner action		
1. BASIC FILING FEE		115	110	215 216	55 200	Extension for reply within first month Extension for reply within second month		
Large Entity Small Entity Fee Fee Fee Fee Fee Description		116 117	400 920	217	_	Extension for reply within third month		
Code (\$) Code (\$)	ee Paid		1.440	218	720	Extension for reply within fourth month		
	370	128	1,960	228	980	Extension for reply within fifth month		
106 330 206 165 Design filing fee		119	320	219	160	Notice of Appeal		
107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee		120	320	220	160	Filing a brief in support of an appeal		
114 160 214 80 Provisional filing fee		121	280	221	140	Request for oral hearing		
	270	138	1,510	138	1,510	Petition to institute a public use proceeding	<u> </u>	
	370	140	110	240	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND F		141	1,280	241	640	Petition to revive - unintentional		
Extra Claims below	Fee Paid		1,280	242		Utility issue fee (or reissue)		
Total Claims		143	460 620	1	230 310	Design issue fee Plant issue fee		
Claims ^ = Multiple Dependent		144 122	130	122		Petitions to the Commissioner		
indiaple population		123	50	123	50	Processing fee under 37 CFR 1 17(q)		
Large Entity Small Entity		126	180	126	180	Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Fee Description Code (\$)		581	40	581	40	Recording each patent assignment per property (times number of properties)		
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excession	ace of 3	146	740	246	370	Filing a submission after final rejection		
102 84 202 42 Independent claims in except 104 280 204 140 Multiple dependent claim,		1,70	1-10		0, 0	(37 CFR § 1.129(a))		
109 84 209 42 ** Reissue independent cl	•	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
110 18 210 9 ** Reissue claims in exces	ss of 20	179	740	279	370	Request for Continued Examination (RCE)		
and over original patent		169	900	169	900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$)	Othe	r fee (s	pecify	/)	or z zasisti abbitatriati			
**or number previously paid, if greater, For Reissues, see above			lucad b	y Bas	sic Filin	g Fee Paid SUBTOTAL (3) (\$)	0	

SUBMITTED BY Complete (if applicable) Registration No. (Attorney/Agent) Telephone 602-326-9650 Name (Print/Type) Matthew A. Goldstein Date Signature 12/24/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.